### Asthma Action Plan For Children

#### When Well
- No wheeze, cough or chest tightness
- Can play and exercise without wheeze, cough or chest tightness
- Need reliever puffer less than 3 times a week (not including before exercise)
- Not waking at night due to asthma symptoms

#### What should I do?
**Preventer/Combination Medication:**
- ..................................................
- ......puffs ...... times a day **every day.**

**Reliever:**
- ..................................................
- Up to...................puffs, if needed

#### When Unwell
- Starting to get a tight cough, wheeze or chest tightness
- Increased asthma with a cold
- Waking at night with asthma symptoms

#### What should I do?
- Give ...................................... (reliever)
- Up to 3 - 4 hourly as needed:
  - 2 – 6 puffs via spacer
    (Less than 6 years old)
  - 2 – 12 puffs via spacer
    (6 years or older)
- If on daily preventer medication, continue same dose as usual or follow your doctors instructions

#### Severe
- Needing reliever **more than every 3 hours** for one or more of the following:
  - Wheeze
  - Chest tightness
  - Sucking in around neck, ribs or tummy with breathing

#### What should I do?
- Keep giving.........................puffs of
  ........................................... (reliever)
- As needed.
- Start Oral steroid if prescribed:
  ...........................................
  .......... mg (.............ml)
- And see a doctor or come into hospital **AS SOON AS POSSIBLE**

#### Danger Signs
- Needing reliever **more than every ½ hour**, OR
- **Blue lips**, OR
- Difficulty speaking or feeding due to breathlessness OR
- Frightened OR
- Exhausted

#### What should I do?
- CALL AN AMBULANCE on 000
  - While waiting stay calm and give:
    ...........................................
    (reliever)
  - 4 puffs every 4 minutes
  - Use a spacer if available

---

**Name:** ..........................................................

**Ph:** ..................................................

**Signature:** ..........................................

**Date:**

**Patient name:** ..........................................................
EXTRA MEDICINE TO TAKE AFTER GOING HOME:

Date: ........................................

☐ Prednisolone/ Redipred: ...............mg (.............ml) once a day for........ days with food

☐ Reliever : ...................................... ...... puffs ........... times a day for ............. days

..................................................................................................................................................

☐ Other: .................................................................................................................................

☐ Take 2 puffs of reliever medication before sport

FOLLOW-UP (please tick which)

☐ GP follow up in ............... days/weeks

☐ Outpatient Clinic ............... weeks

☐ Asthma Nurse ............ weeks

☐ Consultant rooms ............ weeks

PMH Asthma Nurse Tel: 9340 8713

RETURN to hospital or see a doctor as soon as possible if your child:

• Starts working harder to breath, sucking in around the neck, tummy, or ribs with breathing OR

• Starts needing their reliever puffer more than every 3 hours

Call an AMBULANCE if your child has any one of the following:

• Needs their reliever puffer more than every ½ hour OR

• Is blue at the lips OR

While waiting for the ambulance give your child their reliever puffer 4 puffs every 4 minutes. Use a spacer if available

• Has difficult speaking or feeding due to breathlessness OR

• Is frightened or exhausted

IS YOUR CHILDS’ ASTHMA UNDER CONTROL?

Does your child have any of the following symptoms when they seem well?

• NIGHT TIME or EARLY MORNING wheeze, chest tightness or cough?

• Wheeze, chest tightness or cough with EXERCISE?

• Using their RELIEVER 3 times a week, or more to relieve asthma symptoms (not including before sport)?

• MISSING SCHOOL because of their asthma?

Answer yes, to any one of these? Then your child should see their family doctor to look at ways to get their asthma under better control.

www.healthnetworks.health.wa.gov.au  (08) 9489 2800  healthpolicy@health.wa.gov.au